MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-041663

DO NOT WRITE ON THIS STUB	NOT WRITE AMENDED				Registration District No. 318 Primary Registration District No. 1003 Registrat's No. 10942 STATE FILE NO. 10942	
VS 300		1		1	a. COUNTY b. COUNTY	Residence before admission)
Rev. 4/59	AMENDED			1-	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis. Missouri 23 years town St. Louis.	Inside Limits
t	₩			1_		Yes XOK No □
2 00	3 H				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6538 Marquette Avenue Ves DR No 6538 Marquette	Yes No XX
$\frac{2}{3}$ 20	79		H	1=	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day	Year
	2	†			(Type or print) Alonzo Rouse Kieffer, Jr. DEATH November 3,	1963
5 .				-	5. SEX 6. COLOR OR RACE 7. Married [3] X Never Married [] 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR Months Days	Hours Min.
6	V.S				ob. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF during most of working life, even if retired). McDonnel Aircraft St. Louis, Mo. U.S.A. U.S.A.	WHAT COUNTRY
7	FOLLOW]		1	36. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
8 2	준			I_	Alonzo R. Kieffer Isabelle Spurlock Genevieve Kieff	er
· <u> </u>	AS.				5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes, give we for dates 74 Mrs. Genevieve Kieffer 6538 Mar	avette
	ARE		_⊨	. -	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	TERVAL BETWEEN
10	1		X		IMMEDIATE CAUSE (a) Carcinomatosis	NSET AND DEATH
11	RECORD AD OF	H	COLIMEN			
12 <i>a</i> , , ,		l I	2		Conditions, If any, DUE TO (b)	
13	THIS	\prod		ı	above cause (a), stating the under-lying cause last. DUE TO (c)	
90	8	11		CÁTION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	was female wa ncy in last 90 days
- 1	NTS			2	☐ Yes ☐	No Unknow
	AMENDMENI			CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART I PERFORMED? YES NO 20	of item 18.)
¥ 0	AME			AEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON				1	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 4 farm, factory, street, office bldg., etc.)	STATE
A S HE	READ			ŀ	21. I estended the decessed from Oct. 18, 1963 , to Nov. 3, 1963 and last saw him slive on Nov. 1, 19	063
<u>8</u> 2					Death occurred at 1:15 a.m. m on the date stated above, and to the best of my knowledge, from the	
USE BLACI OR TYPEWRITER	SHOULD		VITOF		Victor B. Kieffer, M.D. 22b. ADDRSSS N. Kirkwood Rd. Kirkwood 22, Mo.	22c. DATE SIGNED
-	L	$\vdash\vdash$	∐ ≩	2	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	NO.		AFFIDA	_	REMOVAL (Specify) Removal 11_6_63 National Cemetery St. Louis, County, Mo 4. FUNERAL DIRECTOR ADDRESS ST. Louis, County, Mo 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S AIGNAYERE	•
	ITEM		A Y	2	HOFFMEISTER COLONIAL MORTUARY SAW NOV 5 1063 / 46.74	M.D.
. '	1	1 1	1 1	• –	6464 Chippewa (Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.